

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/026,171	
	Filing Date	December 21, 2001	
	First Named Inventor	Agapios K. Agapiou	
	Art Unit	1793	
	Examiner Name	James E. McDonough	
Total Number of Pages in This Submission		Attorney Docket Number	1999U024D1.US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Amendment Transmittal Letter Transmittal of IDS</b>
Remarks <b>IDS - 24 total references (5 foreign references)</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Univation Technologies, LLC Customer Number 25959		
Signature	/Leandro Arechederra,III/		
Printed name	Leandro Arechederra, III		
Date	June 30, 2009	Reg. No.	52,457

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	N/A		
Typed or printed name	N/A	Date	N/A

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>1999U024D1.US</b>						
Applicant(s): <b>Agapios K. Agapiou et al.</b>										
Application No. <b>10/026,171</b>	Filing Date <b>December 21, 2001</b>	Examiner <b>James E. McDonough</b>	Customer No. <b>25959</b>	Group Art Unit <b>1793</b>	Confirmation No. <b>9429</b>					
Invention: <b>A Method for Preparing a Supported Catalyst System and Its Use in a Polymerization Process</b>										
<u>COMMISSIONER FOR PATENTS:</u>										
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.										
<b>CLAIMS AS AMENDED</b>										
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE					
TOTAL CLAIMS	32    -	38    =	0	x    \$52.00	\$0.00					
INDEP. CLAIMS	13    -	13    =	0	x    \$220.00	\$0.00					
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>					
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0589</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.										
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>										
/Leandro Arechederra,III/ <i>Signature</i>			Dated: <b>June 30, 2009</b>							
<b>Leandro Arechederra, III</b> <b>Registration No. 52,457</b> <b>Univation Technologies, LLC</b> <b>5555 San Felipe</b> <b>Suite 1950</b> <b>Houston, Texas 77056</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on   <div style="text-align: center;">N/A _____ (Date)</div> </td> </tr> <tr> <td style="text-align: center; padding: 5px;">N/A</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><i>Signature of Person Mailing Correspondence</i></td> </tr> <tr> <td style="text-align: center; padding: 5px;">N/A</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><i>Typed or Printed Name of Person Mailing Correspondence</i></td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  <div style="text-align: center;">N/A _____ (Date)</div>	N/A	<i>Signature of Person Mailing Correspondence</i>	N/A	<i>Typed or Printed Name of Person Mailing Correspondence</i>
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